

Louisiana Department of Transportation of Transportation and Development

**APPROVED MATERIALS EVALUATION FORM**

MATERIAL CATEGORY: \_\_\_\_\_

Date: \_\_\_\_\_

<b>MATERIAL TRADE NAME:</b> _____				
(SYSTEM OR MATERIAL)		(Complete separate form for each material submitted)		
<b>MANUFACTURER</b> (Company Name): _____				
Subsidiary of: _____		List Parent Company on QPL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Parent company, if different from manufacturer)				
Manuf. Corporate Address: _____				
Street/P.O. Box		City	State	Zip Code
Manufacturing Location: _____				
Street/P.O. Box		City	State	Zip Code
Manuf. Phone No: ( ) _____		Manuf. Fax No: ( ) _____		
Manuf. Email Address: _____				
Manuf. Contact Person: _____		Contact's Phone: ( ) _____		
Contact Person's Title: _____		Contact's Location: _____		

<b>MATERIAL REPRESENTATIVE:</b> Distributor <input type="checkbox"/> Manufacturer's Employee <input type="checkbox"/> Other <input type="checkbox"/> _____				
Representative's Company Name: _____				
(If different from manufacturer)				
Representative's Name and Title: _____				
Representative's Address: _____				
Street/P.O. Box		City	State	Zip Code
Representative's Phone No.: _____				
Street/P.O. Box		City	State	Zip Code
Representative's Email Address: _____				

Will this product replace an existing approved material from your company listed on this AML: Yes  No

If yes, existing material name(s): \_\_\_\_\_

Why material is being replaced: Discontinued  New Formulation  Economic Reason  Other \_\_\_\_\_

If new material approved, remove existing material from list: Yes  No  When: Immediately  6 Months  Other \_\_\_\_\_

Material patented: Yes  No  Patent applied for: Yes  No

Has this proposal been previously made: Yes  No  Under what name(s): \_\_\_\_\_

Alternate or comparable to what existing materials or products: \_\_\_\_\_

Primary use recommendation: \_\_\_\_\_

Outstanding features or advantages/disadvantages: \_\_\_\_\_

Material composition (generic description): \_\_\_\_\_

Has this material been evaluated (or currently under evaluation) by the National Transportation Product Evaluation Program (NTPEP): Yes  No  NTPEP Submittal Number \_\_\_\_\_ Comment \_\_\_\_\_

Meets requirements of the following specifications: (List specification reference)  
AASHTO \_\_\_\_\_ ASTM \_\_\_\_\_ Fed. Spec. \_\_\_\_\_ Other \_\_\_\_\_

Availability: Seasonal, Yes  No  Delivery at site: Number of days after receipt of order \_\_\_\_\_

Further availability information: \_\_\_\_\_

Are quantities limited: Yes  No  Estimated cost of material per unit: \$ \_\_\_\_\_

Product new on market: Yes  No  Date introduced: \_\_\_\_\_ Comment: \_\_\_\_\_

Are educational courses/films available: Yes  No  Comment \_\_\_\_\_

Is special equipment required to install product: \*Yes  No

\*(If yes, manufacturer/supplier will furnish the special equipment and install the material.)

Further equipment information: \_\_\_\_\_

Background description of approved manufacturer offering this proposal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following available and applicable information shall be attached to this form in order to substantiate, verify or clarify its contents. Attachments shall be numbered.

	Is Item Attached	Attachment Number	Comment
Specifications	_____	_____	_____
Drawings, Sketches, Pictures	_____	_____	_____
Warranty	_____	_____	_____
Installation Instructions	_____	_____	_____
Material Safety Data Sheet (MSDS)	_____	_____	_____
Material Literature	_____	_____	_____
Test data sheets	_____	_____	_____
Certification	_____	_____	_____
Test results	_____	_____	_____

<b>TEST SAMPLE SUBMITTED:</b> <b>DATE</b> _____ <b>SUBMITTER</b> _____
Method of sample delivery:    UPS/FedEx <input type="checkbox"/> US Mail <input type="checkbox"/> Other _____

Complete the following information regarding field test site locations:

State	Contact Person	Telephone No.
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General requirements:

1. Manufacturers/Suppliers are encouraged to install their materials at the test sites.
2. All test materials will be furnished by the Manufacturer/Supplier at no cost to the Louisiana DOTD.
3. A separate form will be required for each material/system submitted for testing.
4. Incomplete Approved Material Evaluation Forms and/or erroneous information furnished as part of this form will result in the material being rejected for testing or inclusion.
5. The Department reserves the right to return all unused samples to the manufacturer at no cost to Louisiana DOTD.
6. Forms must be signed by an **official of the manufacturer**.\*

\*The term "**official or manufacturer**", as used herein and throughout this document, refers to an actual **employee** of the manufacturer - NOT a distributor.

The manufacturer/supplier is hereby notified that the Louisiana Department of Transportation and Development reserves the right to release or distribute any of the information included in or attached to the form, as well as the results obtained as part of our laboratory testing and field evaluation. The Louisiana Department of Transportation and Development reserves the right to require additional information, samples, and testing per material/system as deemed necessary for proper evaluation.

The Louisiana Department of Transportation and Development will not consider any new product for AML testing until the sample is received by the Materials and Testing Section, and this form, along with all required attachments, is completed, signed by an **authorized official of the manufacturer**, and mailed or faxed to the address below. Manufacturer/supplier must meet all requirements outlined in the applicable Qualification Procedure. The signer below agrees to comply with all AML policy and requirements as though specifically outlined herein.

Louisiana Department of Transportation and Development  
Materials & Testing Section  
Attn: (Name of AML Contact Person) (See list of Contact Persons)  
5080 Florida Boulevard  
Baton Rouge, LA 70806-4123  
Fax: (225) 248-4187

Signed: \_\_\_\_\_  
(Official of the Manufacturer)

Name: \_\_\_\_\_  
(Please type or print signer's name)

Position in Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Signed: \_\_\_\_\_

For further information or list of Approved Material Contact Persons, visit our web page at <http://www.dotd.la.gov/highways/construction/lab/> or contact us at (225) 248-4120.

For specific information regarding a particular Approved Material or Qualification Procedure, call or email the listed Approved Material Contact Person. Telephone numbers, fax number, and email addresses are provided on the Contact Person List.